

PTO/SB/01 (12-97)

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	Attorney Docket Nun	nber	I-2-203US		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	r	Joseph A. Kwak		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	09/	939,410		
,	Filing Date	Aug	gust 24, 2001		
☐ Declaration ☑ Declaration Submitted OR Submitted after Initial	Group Art Unit	268	31		
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not Yet Known			

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PHYSICAL LAYER AUTOMATIC REPEAT REQUEST (ARQ)									
the specification of which (Title of the Invention)									
is attached hereto									
OR was filed on (MM/Di	08/24/2	2001 as United	nited States Application Number or PCT International						
Application Number 09/939,410 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have re	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I acknowledge the duty to disclose information which is material to paternating as defined in 37 of 11 1.30.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO				
wamber(s)									
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		<u> </u>							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
	()		Additi	al application					
				ers are listed o					
				emental priority SB/02B attach					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

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I hereby claim the United States of United States or information which and the national	Americ PCT Int	a, listed below ternational applicational applicational applications.	and, inse cation in bility as	ofar as t the man defined i	the sub iner pro in 37 C	eject matte ovided by t OFR 1.56 v	r of ea he first	ich of the paragra	e claims ph of 35	of this U.S.C.	application 112, I ackr	i is not disclosed nowledge the dut	I in the prior y to disclose	
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
												B/02B attached		
As a named inventor, I hereby appoint the following and Trademark Office connected therewith:				ng registered practitioner(s) Customer Number OR				24374			Place Customer Number Bar Code			
			<u> </u>) name/registration number listed below				ed below L	Registration		
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Namely, the A Volpe and Ko]													
Additional re	gistered	practitioner(s)	named o	n supple	menta	Registere	d Prac	titioner Ir	nformatio	on shee	et PTO/SB/0	2C attached her	eto.	
					OR Correspondence address below									
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Name of Sol	e or F	irst Invento	r:					A petitio	on has i	been f	iled for this	s unsigned inve	entor	
Given Name (first and middle [if any])					Family Name or Surname									
Joseph A.						Kwak								
Inventor's Signature		Justil. Kul				Date 10/						10/30/0		
Residence: Ci	ty	Bolingbrook			State	IL		Country		U	SA	Citizenship	USA	
Post Office Address 482 Degas Road							_	·				,		
Post Office Ad	dress													
City		Bolingbrook	State	1	IL	ZIF		- 60	440		Country	US	SA	
□ Additional i	nvonto	re are being n	amod o	n the	CII	nnlemen	hA le	ditional	Invento	or(s) st	neet(s) PT	O/SB/02A atta	ched heret	